



Arizona Address Confidentiality Program

Office of the Secretary of State – Ken Bennett

Phone: (602)542-1892 Email: acpinfo@azsos.gov



EMERGENCY

DISCLOSURE of PARTICIPANT INFORMATION FORM

ARS §41-167 (N) "... An official or agency receiving information pursuant to this subsection shall certify to the Secretary of State that the official or agency has a system in place to protect the confidentiality of a program participant's actual address from the public and from personnel who are not involved in the trial, hearing, proceeding or investigation."

I, _____ am seeking the emergency disclosure of actual address or phone information for the following ACP participant:

Participant Name _____ ACP Apt # _____
(if known)

I certify that the requested information is required pursuant to a:

- ☐ Trial
☐ Hearing
☐ Investigation
☐ Other proceeding _____
(Type of proceeding)

AND

- ☐ I certify that the information will be protected from the public and personnel who are not involved in the trial, hearing, proceeding, or investigation.

The confidential address may be faxed to the following secured fax number: _____

Name of Person Seeking Disclosure (Title &/or Badge # if applicable)

Contact Phone Number

Signature

Date: _____, 20____

Name of Immediate Supervisor (Title & Badge # if applicable)

Contact Phone Number

Signature

Date: _____, 20____

ACP Office Use Only _____